

SERIAL NUMBER 09/132,327	FILING DATE 08/11/98	CLASS 364	GROUP ART UNIT 3615	ATTORNEY DOCKET NO. USB97-SVN-OM
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APPLICANT MICHEL SAFARS, GIF SUR YVETTE, FRANCE; FABRICE FRACHON, GIF SUR YVETTE, FRANCE; PIERRE SILVESTRE DE SACY NOUGARE, PARIS, FRANCE; THIERRY VERRECCHIA, CERGY, FRANCE; PHILIPPE LELONG, PARIS, FRANCE.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED PCT PCTFR9800917 05/06/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRX	SHEETS DRAWING 9	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS SEE CUSTOMER NUMBER: 000466

TITLE METHOD FOR ORGANIZING AND CONSULTING ELECTRONIC DATA IN THE ENVIRONMENT OF A MEDIA LIBRARY

FILING FEE RECEIVED \$1,141	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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SERIAL NUMBER 09/132,327	FILING DATE 08/11/98	CLASS 707	GROUP ART UNIT 2776	ATTORNEY DOCKET NO. USB97-SVN-OM
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APPLICANT MICHEL SAFARS, GIF SUR YVETTE, FRANCE; FABRICE FRACHON, GIF SUR YVETTE, FRANCE; PIERRE SILVESTRE DE SACY NOUGARE, PARIS, FRANCE; THIERRY VERRECCHIA, CERGY, FRANCE; PHILIPPE LELONG, PARIS, FRANCE.

****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/055,608 08/14/97

yes ecb

****371 (NAT'L STAGE) DATA*******

VERIFIED

no ecb

****FOREIGN APPLICATIONS*******

VERIFIED PCT PCTFR9800917 05/06/98

yes ecb

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/19/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRX	SHEETS DRAWING 9	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 1
Verified and Acknowledged <i>ecb</i> Examiner's Initials _____					

SEE CUSTOMER NUMBER: 000466

ADDRESS

METHOD FOR ORGANIZING AND CONSULTING ELECTRONIC DATA IN THE ENVIRONMENT OF A MEDIA LIBRARY

TITLE

FILING FEE RECEIVED \$1,141	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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